



HARRINGTON OPERA HOUSE SOCIETY

Preserving Our Heritage

PO Box 618, Harrington, WA 99134 www.harringtonoperahouse.org

CLASS REGISTRATION FORM

Name (please print clearly) _____

Email _____ Primary Phone _____ Text?

Mailing Address _____

Age

Under 19: Age or grade _____

Adult: 19-30 31-55 56-65 Over 65

Class in Which You Wish to Enroll

Title/Description [Learn to Play the Mountain Dulcimer- Series of 5 Group Lessons](#)

Instructor(s) [Karen Robertson](#)

Date(s) & Time(s) [3:30 – 5:00 PM on Wednesdays - March 5, 12, 19, 26 & April 2, 2025](#)

Class Fee \$ 100 Make check payable to the Harrington Opera House Society

Suggested Materials: [BOOK: Appalachian Dulcimer for Beginners & Beyond](#)
Purchased through instructor: [with CD by Bob Webb](#) \$ 25

Provided by student: [Dulcimer, Capo \(optional but highly recommended – can be purchased after classes start\)](#)

(Dulcimer rental available - \$20 for the series. Contact Karen Robertson for details)

RSVPs

Required in advance. Email Robertsonkaren54@gmail.com or call/text [509-590-9287](tel:509-590-9287)

REGISTRATION Form Required Preferred in advance.

Mail to: Harrington Opera House Society, PO Box 618, Harrington, WA 99134

Or emailed to info@harringtonoperahouse.org Or bring to first class

Class Fee- paid in advance or brought to first class session. (Check payable to the Harrington Opera House Society)

Scholarship needed (Request in advance)

Student Information: Please describe why you want to learn to play the dulcimer and any music experience you might have.

(NO experience necessary.)

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HOHS CLASS WAIVER

In consideration of my (or my child's) participation in this program, I hereby release and discharge The Harrington Opera House Society (HOHS) and its representatives, volunteers and instructors, from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (our) participation in this program. I understand that a parent or guardian must sign for anyone under the age of 18. Unless indicated below, I do hereby grant and give The Harrington Opera House Society the right to use my or my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

My / My Child's Name

Class/ Program

Please print parent/guardian name for minor participants

My / Parent or Guardian signature

Date

- I do NOT give permission for photos of me or my child to be used for HOHS promotion
- I request pre-approval for use of any images of myself or my child with or without name prior to publication by the HOHS for promotional purposes.